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Country programme recommendation**

Georgia

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the Georgia country programme which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,380,000 from regular resources, subject to the availability of funds, and $7,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2005.

* E/ICEF/2000/14.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

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Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	1.4
U5MR (per 1,000 live births)	23
IMR (per 1,000 live births)	19
Underweight (% moderate and severe)	
Maternal mortality rate (per 100,000 live births) (1997)	70
Literacy (% male/female) (1995)	100/99
Primary school enrolment (% net, male/female) (1996)	83/83
Primary school children reaching grade 5 (%) (1994)	98
Access to safe water (%)	
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$)	970
One-year-olds fully immunized against:	
Tuberculosis	91 per cent
Diptheria/pertussis/tetanus	86 per cent
Measles	90 per cent
Poliomyelitis	92 per cent
Pregnant women immunized against tetanus	per cent

The situation of children and women

1. Major features of the situation of children and women remain essentially the same as described in the country note presented to the Executive Board at its first regular session of 2000 (E/ICEF/2000/P/L.16).

2. Georgia, still barely coping with meeting the basic needs of some 300,000 internally displaced people from Abkhazia and South Ossetia in late 1999, has been additionally burdened by more than 5,000 refugees from Chechnya (Russian Federation).

3. The multiple indicator cluster survey (MICS) completed in early 2000 revealed slight differences in statistical data from that presented in the country note. The level of immunization coverage is estimated to be 69 per cent; acute and chronic child malnutrition rates are 3 and 12 per cent, respectively; the iodine deficiency disorder (IDD) prevalence rate among the child population is 49 per cent; and the exclusive breastfeeding rate for infants under four months old stands at 18 per cent. A recent survey conducted at child institutions has shown that only 4 per cent of institutionalized children are orphans and that 50-70 per cent of them have relatively high family contact.

Programme cooperation, 1996-2000

4. The National Plan of Action for Children of Georgia and the Convention on the Rights of the Child served as the main programmatic frameworks for the development of the 1996-2000 country programme of cooperation. The programme priority areas, defined on the basis of the 1994 situation analysis, also reflected the experience of previous UNICEF cooperation. The overall programme goal was to assist the Government of Georgia in fulfilling its commitments to children and women by responding to their basic needs and advocating for their rights. The UNICEF programme of cooperation also aimed at strengthening civil society organizations in actions for children's and women's rights. The cooperation was focused on maternal and child health (MCH), early childhood development (ECD) and primary education, children in especially difficult circumstances and overall children's rights.

5. In health, UNICEF provided technical assistance and capacity-building for the state health authorities at national and local levels. The focus was on MCH, the expanded programme on immunization (EPI), disease control and nutrition. UNICEF has been the exclusive supplier of vaccines and ancillary equipment for the state immunization programme since 1994. The

programme has achieved an increase in the full immunization coverage of children under two years old from 33 per cent in 1996 to 69 per cent in 1999. The regional polio eradication campaigns, arranged in close collaboration with the World Health Organization (WHO), the Government of Switzerland and *Médecins sans frontières* (Doctors Without Borders) (France), resulted in no polio cases being registered since 1992.

6. In total, 1,900 professionals were trained to strengthen their professional capacities in chronic diarrhoeal diseases and acute respiratory infections, cold-chain and logistics management, and EPI surveillance. Supporting the Baby-Friendly Hospital Initiative (BFHI) since 1996, UNICEF achieved certification of 11 maternity hospitals as baby-friendly throughout the country. UNICEF supported the health education programmes in schools and assisted in the formulation of a national strategic plan on HIV/AIDS. Advocacy for strengthening the policy development process in the country resulted in the subsequent release of presidential decrees on universal salt iodization (USI) and marketing of breastmilk substitutes. Despite the achievements in policy development, IDD still remains a major concern for children's health.

7. In ECD and primary education, UNICEF continued to combine emergency assistance and capacity-building for the promotion of education on children's rights and active learning. UNICEF supported in-service training programmes in school management, finance and administration as part of the decentralization reform in the education system. The active learning methodology was introduced in 10 model schools. Initial efforts have been made to introduce a life skills component into the national school curriculum. UNICEF also supported the development of a national assessment report on Education for All in 2000.

8. UNICEF support has contributed to addressing the needs of disadvantaged children and the adoption of a national law on foster care. The national legislation was revised in accordance with the principles of the Convention on the Rights of the Child. UNICEF supported the incorporation of education on child rights into the primary school curriculum. Psychosocial rehabilitation programmes have benefited 1,500 disabled children in boarding schools and 2,250 internally displaced children and children living on the street. Over 300 psychologists and social workers have been trained. UNICEF has provided basic education and recreational supplies for 14,500 internally displaced children. In close collaboration with the United Nations Volunteers, UNICEF also assisted in editing and publishing a series of magazines for community reconstruction and peace-building initiatives among war-affected children.

9. Monitoring and evaluation was another focus of cooperation. Through active collaboration with the Government and other partners, UNICEF supported more than 20 studies. The situation analysis, MICS and reproductive health survey were the major analytical documents. The monitoring and evaluation activities served as capacity-building for the national counterparts.

Lessons learned from past cooperation

10. The major lessons learned were reflected in the country note.

11. UNICEF experience in the mid-term review (MTR) process, with the participation of the Children's Parliament, shows that this forum is capable of ensuring the involvement of children and young people in promoting and protecting their rights. Building partnerships and networks between all stakeholders, including non-governmental organizations(NGOs), has been essential for efficiency and sustainability of the programmie interventions.

12. UNICEF actions to strengthen the capacities of central and local authorities dealing with children proved to be the effective strategy for programme implementation. Recent consultations addressing the needs of child disability and iodine deficiency have demonstrated that a multisectoral, collective approach with the involvement of all partners concerned, including international and national NGOs, is required.

Recommended programme cooperation, 2001-2005

Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	2003	2004	2005	Total
Regular resources						
Maternal and child well-being	96	94	94	91	91	466
Child development	164	162	162	161	161	810
Young people's health and development	77	75	75	74	74	375
Child in need of special protection	149	144	144	144	144	725
Social policy development	126	124	124	123	123	620
Cross-sectoral costs	78	73	73	70	70	364
Subtotal	**690**	672	672	663	663	3 360
Other resources						
Maternal and child well-being	480	480	475	430	430	2 295
Child development	290	290	280	250	250	1 360
Young people's health and development	130	130	125	120	120	625
Children in need of special protection	290	290	280	270	270	1 400
Social policy development	45	45	40	35	35	200
Cross-sectoral costs	310	310	300	290	290	1 500
Subtotal	**1 545**	**1 545**	**1 500**	**1 455**	**1 455**	**7 480**
Total	**2 235**	**2 217**	**2 172**	**2 128**	**2 128**	**10 840**

Country programme preparation process

13. Strategies for the 2001-2005 country programme of cooperation have been designed through extensive discussions with the Government and other national counterparts, and are based on the results of technical assessments, studies and reviews performed during the previous programme cycle. The Common Country Assessment (CCA) process has recently been initiated by the United Nations agencies and yet cannot serve as a reference point. The MTR meeting, conducted with the active participation of the Child and Youth Parliament, assessed progress, achievements, gaps and constraints in the implementation of the country programme. At the meeting, the basic strategic directions outlined in the 1996-2000 programme of cooperation were redesigned. New priorities include: enhancement of the national legislation on juvenile justice and foster care, breastfeeding promotion, ECD/early childhood care and development (ECCD), young people's health and development, and children in need of special protection (CNSP).

14. The 1999 situation analysis also served as a sound framework for the programme preparation process. The strategy review meeting, chaired by the State Chancellery and including the participation of the national authorities concerned, United Nations agencies, the World Bank, international and national NGOs, and the donor community, considered and endorsed the strategies for the new programme of cooperation. The programme components as revealed by the strategy meeting comprised maternal and child well-being, child development, young people's health and development, CNSP and social policy development.

Country programme goals and objectives

11. The overall goal of the country programme is to contribute to the achievement of the national goals of survival, development, participation and protection of children and women in Georgia. The major objectives, reflecting the priorities of the medium-term plan (MTP) for 1998-2001 (E/ICEF/1998/13 and Corr.1) and priority actions for children, include: maternal and child survival, health and development; increased enrolment rates and quality of education in pre-primary and basic education; better protection of vulnerable children and young people; and the promotion of youth participation in decision-making processes to foster responsibility for their health and development.

Relation to national and international priorities

16. The formulation of a national policy on education reform and improvement of the legislative and regulatory framework for the health care system were among the main strategic priorities identified in the Georgia country strategy note (1997). Special emphasis was given to sectoral capacity-building in policy-making, strategic planning and implementation.

17. Currently the main UNICEF programme areas representing both national and international priorities are: the national legislation review to better protect children's and women's rights; the Legal Act on Foster Care and its practical implementation as a part of the deinstitutionalization policy; inclusive education for mentally and physically challenged children; and social mobilization on HIV/AIDS and youth participation.

18. The priority actions for children and the priorities of the UNICEF MTP will serve as important advocacy and social mobilization tools for UNICEF cooperation. Family and community empowerment for the protection and promotion of the physical, emotional and intellectual well-being of children, providing universal access to quality basic social services, and creating national legislation and a policy framework for promoting children's and adolescents' rights are the major strategies for the country programme of cooperation. The Georgia State report on implementation of the Convention on the Rights of the Child was reviewed by the Committee on the Rights of the Child in Geneva in May 2000, and the recommendations of the Committee will help country programme orientation and implementation.

Programme strategy

19. In line with the strategic approaches developed in the country note, UNICEF will promote rights-based programming by addressing children's needs in a holistic and integrated manner throughout the life cycle. Advocacy for children's rights and capacity-building of national governmental institutions, at both national and subnational levels, and NGOs will be the major strategies to ensure the effectiveness and sustainability of the programme components. Family and community empowerment will ensure that children have the best possible environment for healthy growth and development. Social mobilization and communication will be integral elements of each programme component. Young people will be provided with access to information and services that will encourage their active participation in decision-making processes. Building partnerships and alliances, a strong component for effective and sustainable cross-sectoral collaboration, will be an essential part of the programme strategy.

20. As a follow-up to the comments made by the Executive Board on the country note, the allocation of other resources has been reconsidered, and the level of funding support to the maternal and child well-being programme has been increased. As a result of this resource reallocation, the funding of the health-related components of the maternal and child well-being and young people's health and development programmes have been increased to 35.4 per cent of the total programme resources.

21. The goal of the *maternal and child well-being* programme is to fulfil children's and women's rights for survival, health and development. UNICEF will contribute to national efforts to achieve the following objectives: (a) the reduction of infant, under-five and maternal mortality by one third; (b) an increase in full immunization coverage to 90 per cent throughout the country; (c) the reduction of IDD among children by one half from the 1999 rates; and (d) a twofold increase in exclusive breastfeeding rates. The programme will focus on safe motherhood, immunization and control of the most common childhood diseases, and nutrition.

22. In order to promote safe motherhood, UNICEF will focus on: strengthening institutional capacities in reproductive health; improving access to efficient and quality MCH service delivery through the introduction of community-based approaches; strengthening professional capacity through training and education; and introducing principles of child care and developing a referral system.

23. UNICEF will continue capacity-building efforts and the procurement of basic medical supplies to support the Ministry of Health in strengthening the state immunization programme, acute flaccid paralysis surveillance, and reporting for polio eradication and the Integrated Management of Childhood Illness initiative. Continued training of health personnel and the development of regional outreach immunization services are integral parts of the programme to ensure quality care throughout the country.

24. UNICEF will continue to address the problem of micronutrient deficiencies and malnutrition. Efforts will be focused on ensuring an effective enforcement of legislation on USI, including better monitoring of the import of iodized salt. The programme will also introduce preventive measures to lessen the impact of IDD on children, especially in highly endemic zones. UNICEF will support a nationwide survey to assess and analyse the iron deficiency anaemia situation and the development of an action plan. Activities within the breastfeeding promotion and BFHI will focus on expanding the number of baby-friendly hospitals through capacity-building and community-based approaches.

25. In the area of *child development*, the situation analysis has identified a sharp decline in the overall quality of education and in pre-school and school enrolment rates (31 and 83 per cent, respectively). UNICEF will support the Government objectives to increase pre-primary school enrolment by at least 20 per cent from the 1999 level and to improve the quality of basic education. UNICEF, in close partnership with the United Nations Educational, Scientific and Cultural Organization, will continue to support reform in the education system to improve early childhood and primary education service delivery.

26. In ECCD, UNICEF will focus on empowering families and communities by strengthening their skills and knowledge for performing the role of primary caregivers. UNICEF will support the development of comprehensive national policies and supportive legal and regulatory frameworks to address the need for the cognitive and psychosocial development of young children. Within the scope of the primary education component, UNICEF will assist the Government in improving the quality of education through the introduction of active learning methodologies and integrated education practices, and the promotion of children's rights education in schools. The child-centred approach will ensure the quality of and access to basic education for all children by creating a safe environment for their psychosocial and cognitive development.

27. The goal of the *young people's health and development* programme is to meet young people's rights and needs for health and development through advocacy for national legislation and policy development, social mobilization and the provision of access to quality youth-friendly services. The young people's health component aims at raising awareness on healthy lifestyles and reducing risky behaviour among youth. UNICEF will focus on developing and promoting age-appropriate information, education and communication packages through networking with media and youth organizations. The UNICEF-World Health Organization (WHO) partnership will continue to support the national healthy schools network. HIV/AIDS prevention will prioritize advocacy for policy development, public mobilization and youth peer education activities. Collaboration with national health and education authorities, as well as with the Joint United Nations Programme on HIV/AIDS (UNAIDS), WHO, the United Nations Population Fund (UNFPA) and other agencies, will ensure essential technical expertise for successful implementation of the young people's health and development-related activities.

28. Special attention will be given to the participation of children and youth in situation assessment, policy and decision-making processes. UNICEF will support the Children and Youth Parliament, youth millennium project, establishment of the young journalists' centre and public awareness campaigns for better promotion of youth participation. Close partnership with national authorities, media, and international and national NGOs will ensure appropriate commitment and ownership from all stakeholders towards improvement of young people's development.

29. The *CNSP* programme will address the rights of children deprived of parental care, internally displaced children and children with disabilities as well as the rights of children living and working on the streets and exposed to exploitation and abuse. The overall aim of this programme is to promote special protection measures for child development, recovery and reintegration processes. The protection measures will include support to implementation of existing legal provisions which are in accordance with the Convention on the Rights of the Child, such as the Law on Foster Care, integrated education for children with disabilities, the "minimum age for admission to employment and protection of under-age workers", etc.

30. UNICEF will support child care system reform in order to reduce the number of children in residential care and protect children's rights to grow up in a family environment through policy development promotion of family-based care alternatives, the transformation of residential institutions and the reintegration of children into the family environment. UNICEF will also focus on assessment of the development status of children in institutional care, which will provide a normative framework and standards for quality services.

31. UNICEF will promote and support the development of norms and regulations, restructuring of municipal budgets, development of schemes for cost-sharing with private sector service providers, upgrading and expansion of services and opportunities for families at risk, and establishment of database and monitoring mechanisms for situations analysis, planning and quality assurance.

32. The goal of the *social policy development* programme is to support the Government of Georgia in developing effective sectoral reforms to better protect and promote children's and women's rights. In close collaboration with the United Nations Development Programme (UNDP) and the World Bank, UNICEF will advocate for the development of national plans of action for children and the introduction of cost-effective social policies. Building national capacity in governmental and NGO sectors will provide appropriate mechanisms for better coordination of basic social service delivery systems.

33. The programme will focus on legislative review in order to bring national legislation into full conformity with the principles of the Convention on Rights of the Child. The assessment of existing trends of social development at national and subnational levels will lead to the development of an integrated national database. This data will help to ensure better coordination and monitoring of the status of children's and women's rights, and will facilitate decision- and policy-making processes. UNICEF and the Save the Children Alliance will coordinate social mobilization and community participation in promotion of the Convention, with a special emphasis on youth-led initiatives.

34. UNICEF, together with the other United Nations and international agencies, will address the issue of emergency preparedness with the State Chancellery to ensure an intersectoral approach in case there is another influx of displaced people from the conflict zones and/or potential disaster threat in different regions of the country. Technical and financial support will be provided to emergency preparedness capacity-building for relevant institutions to improve their cooperation and communication for quick and efficient responses to children's and women's needs in emergency.

Monitoring and evaluation

35. Continuous monitoring and evaluation will be an integral part of the country programme implementation process, providing an opportunity to measure achievements in attaining the programme objectives and to guide future improvement. The MTR to be held in 2003, and the annual review meetings with all national counterparts, will evaluate programme implementation, define achievements, gaps and constraints, and provide recommendations for further adjustment. An Integrated Monitoring and Evaluation Plan will identify a set of specific indicators. Baseline data will be collected through reporting systems, on-site field trips, surveys, interviews and focus group discussions. UNICEF will support special surveys and research studies to effectively address the needs of children, adolescents and women in Georgia.

36. The key indicators for the maternal and child well-being programme will include the infant mortality rate, the under-five mortality rate, the maternal mortality rate, iodine and iron deficiency disorders prevalence, exclusive breastfeeding rate and immunization coverage rate. The child development programme achievement will be evaluated against gross primary and primary school enrolment, drop-out and

attendance rates, and the number of primary schools employing the active learning methodology and life skills education. The number of institutionalized children and those under adoption, as well as the number of street children, will serve as major indicators for CSSP programme components. Young people's health and development activities will be measured through knowledge, attitudes and practice surveys for tobacco, alcohol and drug-addiction rates and the prevalence of sexually transmitted diseases and HIV/AIDS.

Collaboration with partners

37. UNICEF will continue close cooperation with WHO on MCH and youth issues, with UNFPA on reproductive health and with UNAIDS on HIV/AIDS prevention. Implementation of the Convention on the Rights of the Child will be coordinated by the Government, UNICEF and Save the Children Alliance. Close links between UNICEF and the United States Agency for International Development will continue to support the immunization programme, and cooperation with UNDP and the World Bank will contribute to the social policy development process and social sector reform.

38. In order to address the fund-raising requirements, UNICEF will continue to publish information materials on its major activities and projects. In a systematic way, donors will be invited to monitor and evaluate project activities supported by them. Close cooperation between UNICEF and the media will ensure a wide dissemination of information. Awareness-raising campaigns will be used to convey important messages on UNICEF cooperation, main social development problems and priorities. As part of the fund-raising strategy, special emphasis will be given to attracting and building alliances with the other international organizations present in the country.

39. UNICEF has committed itself to participate, along with the other United Nations agencies, in the preparation process for the CCA and the United Nations Development Assistance Framework (scheduled for 2002). Special emphasis will be placed on national reviews that are in line with preparations for the mid-decade review.

Programme management

40. Enhanced collaboration between UNICEF and the State Chancellery will lead the overall coordination of the country programme implementation process. Strengthened partnerships with the concerned national counterparts will be further promoted to ensure the successful implementation and monitoring of the country programme. The recently established NGO Coordination Council will coordinate and monitor NGO initiatives on the promotion of children's rights.

41. Country programme management aims at consistent and progressive improvement of the present management standards through effective human resource strategy, consistently improved internal control mechanisms and continuous monitoring of major performance indicators. The UNICEF area office for the Caucasus will place a special emphasis on area management issues in order to establish closer links between the Georgia, Armenia and Azerbaijan country offices and to enhance the efficiency of common expertise within the area.

42. The cross-sectoral budget will be utilized to cover cross-sectoral programme support charges, including in communication, capacity-building of national counterparts, emergency preparedness and fund-raising.